PART B - FEE(S) TRANSMITTAL

Complete and send this form, together and applicable fee(s), to: Mail Stop ISS. FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correcte maintenance fee notificat	ed below or directed oth	ig the Patent, advance of herwise in Block 1, by (a	nders and notification of nation of nation of national specifying a new corres	naintenance fees will pondence address; ar	nd/or (b) indicating a sepa	correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
5409 7590 09/13/2010				Certifi	cate of Mailing or Trans	mission
SCHMEISER, OLSEN & WATTS 22 CENTURY HILL DRIVE SUITE 302				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
LATHAM, NY	12110					(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/597,417 10/25/2006		David Garfield Blanch CULL-4593		CULL-4593	1750	
TITLE OF INVENTION	: THREE MODE LOCK					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/13/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
GALL, LLOYD A		3673	070-107000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Schmeiser, Olsen & Watts, LLP			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ASSA ABLOY AUSTRALIA PTY LIMITED, AUSTRALIA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
Please check the appropriate assignee ealegory or categories (with not one printed on the patenty).						
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 190513 (enclose an extra copy of this form).			
5. Change in Entity Stat	•	,	D		D. M. C. 45 C.	TD 1.05(.)(0)
NOTE: The Issue Fee and	s SMALL ENTITY state d Publication Fee (if req	uired) will not be accepte	d from anyone other than t		ENTITY status. See 37 Clared attorney or agent; or the	ne assignee or other party in
interest as shown by the r						
Authorized Signature	/Arlen L	Olsen/		Date 12/8		
Typed or printed name				Registration No.		
Alexandria, Virginia 223	13-1450.		on is required to obtain or r 1.14. This collection is est depending upon the indive e Chief Information Office COMPLETED FORMS TO spond to a collection of inf			d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number.